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CONFIRMATION NO. 5224

<b>SERIAL NUMBER</b> 10/606,401	<b>FILING OR 371(c) DATE</b> 06/25/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> DEP670
<b>APPLICANTS</b> Kimberly Ann Dwyer, Fort Wayne, IN; David Wayne Daniels, Warsaw, IN; Brad Alan Parker, Warsaw, IN;				
<b>** CONTINUING DATA *****</b> <i>none</i> <i>al</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i> <i>al</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/17/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 28	<b>TOTAL CLAIMS</b> 254 <b>INDEPENDENT CLAIMS</b> 42 <i>al</i>
<b>ADDRESS</b> 27777				
<b>TITLE</b> ASSEMBLY TOOL FOR MODULAR IMPLANTS AND ASSOCIATED METHOD				
<b>FILING FEE RECEIVED</b> 924	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	